Diagnosing Depression in Primary Care:
Use of Depressive Disorder, Not Otherwise Specified

To accurately assess for a specific Depressive Disorder diagnosis requires an expenditure of time that is unreasonable for most primary care physicians. For this reason, physicians often use the category Depressive Disorder Not Otherwise Specified (DD NOS) (code 311) as a proxy for a more thorough diagnostic assessment. No formal procedures have been published for the use of this code in this manner; and there is no evidence on the question of whether physicians are using this code reliably or validly.

We outline a brief procedure for the appropriate use of DD NOS in the absence of a more thorough diagnostic assessment. We recognize that this procedure is not consistent with how the category is defined in DSM-IV-TR. Technically, the category is meant to include: 1) Disorders with depressive features that do not meet criteria for any specific depressive disorder, and 2) Depressive symptoms about which there is inadequate or contradictory information. As such, it is a residual category meant to be coded after a thorough diagnostic assessment has been completed, and more specific diagnostic categories either have been excluded or can not be determined. Although the procedure suggested here is not consistent with DSM-IV-TR, it is pragmatically suited to the current practices of primary care physicians.

Note that DD NOS is not equivalent to a diagnosis of Major Depressive Disorder or Dysthymia.

If DD NOS is used as the default code then a more specific code can be used if the physician has for some reason been able to do a more thorough assessment, or if a trusted code comes from another's assessment or is already in the patient's chart (in this last case the physician might consider changing the code, e.g., from "single episode" to "recurrent"). A five-step procedure for a thorough diagnostic assessment for primary care physicians also is provided as an additional resource. This procedure is consistent with the AHCPR's Clinical Practice Guidelines for Depression in Primary Care but should not replace those guidelines. Finally, eight case examples are also provided to clarify the major diagnostic issues and to provide providers with examples of appropriate diagnoses.

To use DD NOS, establish the presence of two criteria:

1. Either current depressed mood or anhedonia. Ask the patient, "Are you depressed?" Or, more specifically:

Depressed mood: "During the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?"

Anhedonia: "During the past two weeks, have you often been bothered by little interest or pleasure in doing things?"

2. Do the depressive symptoms "cause clinically significant distress or impairment in social, occupational functioning or other important areas of functioning?" This "impairment" criteria is often underemphasized but should not be. If someone claims depressed mood but does not exhibit significant distress or impairment in functioning, then a Mood Disorder diagnosis should not be given.

Also consider the following:

3. Is the depressed mood the direct physiological consequence of a general medical condition, such as hypothyroidism? If so, consider **Mood Disorder due to a General Medical Condition (293.83)**. If the depression is a psychological

reaction to a diagnosis of a general medical condition, a depression diagnosis is appropriate.

4. Does the person have a history of mania or hypomania? If there is a positive history, code **Bipolar Disorder NOS (296.80)** instead of DD NOS, and refer to or consult Psychiatry.

5. Is the depression related to substance use? Depression may be caused by specific intoxication and withdrawal syndromes, in which case the diagnosis of Substance-Induced Mood Disorder is appropriate. However, it is more common that depression co-exists with a substance problem, in which case DD NOS and an additional substance abuse or dependence diagnosis is appropriate **(e.g., Alcohol-Related Disorder, Not Otherwise Specified, 291.9)**.

6. Are psychotic symptoms present? If the physician encounters both psychotic and depressive symptoms it would be fine to code both **Psychotic Disorder NOS (298.9)** and DD NOS, and then refer to Psychiatry where they can clear it up.

7. Is the patient grieving a death? Consider **Bereavement (V62.82)** instead of DD NOS. The Bereavement code is appropriate up to two months following the death of the loved one, during which time the Bereavement reaction is considered "normal." After two months the differential diagnosis is less clear, but one could consider coding both Bereavement and a depression diagnosis.